



WASHINGTON STATE GAMBLING COMMISSION

LOCATION: 4565 7th Avenue SE, Lacey WA 98503

MAILING ADDRESS: P.O. Box 42400, Olympia WA 98504-2400

TELEPHONE: 360-486-3440 / FAX NUMBER: 360-486-3631

TOLL-FREE: 1-800-345-2529 / TDD: 360-486-3637

WEB SITE: www.wsgc.wa.gov

NOTIFICATION OF LLC OWNERSHIP CHANGE

FEE: \$55

**THE GAMBLING COMMISSION MUST BE NOTIFIED OF LLC OWNERSHIP CHANGES
WITHIN TEN DAYS OF THE TRANSACTION CLOSE.**

In accordance with WAC 230-04-240, special investigative fees may be requested if costs exceed the basic fee provided with this application.

Trade Name under
which LLC is Licensed: _____

LLC Name: _____

Mailing Address: | | | | | | | | | | | | | | | | | | | | | |

[illegible]

County: _____ UBI#: _____

Primary Telephone: |_|_|_|_|-|_|_|_|_|-|_|_|_|_| FAX: |_|_|_|_|-|_|_|_|_|-|_|_|_|_|

Cell Telephone Number (Optional) | | | | - | | | | - | | | |

Premises Address: _____

_____ City _____ State _____ Zip _____

Telephone: | | | | - | | | | - | | | |

1. List owners prior to ownership change and include percentage: (Attach additional sheets, if necessary.)

a. Last Name: | | | | | | | | | | | | | | | | | | | | | |

[illegible]

Title: _____

Social Security #: | | | - | | | - | | | |

Number of Units Owned: |_____|, |_____| Percentage of LLC Ownership: |_____|%

b. Last Name: |

First Name: _____ MI: _____

Title: _____

Social Security #: | | | - | | | - | | | |

Number of Units Owned: |_____|, |_____| Percentage of LLC Ownership: |_____|%

[illegible][illegible]

b. Last Name: _____

First Name: _____ MI: _____

Title: _____

Mailing Address: _____
 _____ City State Zip

Social Security #: _____-_____-_____ Number of Units Owned: _____,_____
 Percentage of LLC Ownership: _____% Date Acquired: ____/-____/-_____

c. Last Name: _____
 First Name: _____ MI: _____
 Title: _____
 Mailing Address: _____

 _____ City _____ State _____ Zip _____
 Social Security #: _____-_____-_____
 Percentage of LLC Ownership: _____%
 Number of Units Owned: _____
 Date Acquired: _____-_____-_____

Page 2 of 3

3. **If not previously submitted, all persons (and their spouses) who have a substantial interest in the LLC**, as defined by WAC 230-02-300, must complete the attached *Personal / Criminal History Statement* (BLS-700-301). Also, submit a new listing of all LLC members and spouses.

4. **Submit a copy of the LLC agreement authorizing this LLC ownership change, and copies of all documents setting out this sale, or unit transfer.** If the units were sold, the *Financial Statement* (BLS-700-303) and *Source of Funds Statement* (BLS-700-304) must be completed by the purchasers.

*** * * IMPORTANT * * ***

5. **If you are a new substantial interest holder, as part of this application, you are required to provide positive proof of identity.** To accomplish this requirement, submit along with this application, the following items. A copy of one of these official documents; a valid driver's license, a military identification card, a valid passport, or if you are registered alien – an alien registration card. **Ensure photograph is identifiable.** You may also be required to submit fingerprints; if so, fingerprint cards, with instructions, will be sent to you.

YOUR APPLICATION AND THE PUBLIC RECORDS ACT

From the moment we receive your application, it becomes a public document subject to the Public Records Act (RCW 42.17) and other Washington laws. Per WAC 230-04-020 (4), the Commission may disclose to the public or discuss at a public meeting, all information set forth in this application and all supplemental information submitted. The Commission responds to public document requests through a Public Disclosure Request process. In the event that the Commission receives a public disclosure request regarding this application or the license file established, you may request in writing, that the Commission notify you of such request as provided in RCW 42.17.330.

OATH OF APPLICATION

I declare under penalty of perjury, under the laws of the state of Washington, that all information provided in this application is true and complete to the best of my knowledge. I understand that untruthful, misleading, or incomplete answers whether through misrepresentation, concealment, inadvertence, or mistake, are cause for denial of an initial application or revocation of any gambling licenses currently held. I further understand that if I voluntarily withdraw or if the commission administratively closes my application, the remainder of my fee, minus the commission's processing and investigative costs, will be refunded. I agree to notify the Washington State Gambling Commission should any information required on this application and / or on my Personal / Criminal History Statement change or become inaccurate in any way. I understand that if I fail to make such notification, it may constitute grounds for denial, suspension or revocation of my license. I further understand that if any criminal or civil actions are filed against me, I must inform the commission. (See WACs 230-04-022, 230-12-305, and 230-12-310.)

Signature

Date